States Postal Service with sufficient postage for first class mail in an enderseed to the Mill Stop ISSUE FEE address above, or being fact transmitted to the USPTO (771) 273-2885, on the date indicated below.  Amy T. Come au (Depositor)  Application of the pack autometer of a come auto	*		C DADT D	EEE/C) TD A	NICHMITT AT	_		
Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (\$71)-273-2885  INSTRUCTION Fig. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required, Blocks I through 5 should be completed indicated unless code distances or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRES maintenance from the mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRES maintenance from the mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRES maintenance from the mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRES maintenance from the mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRES maintenance from the mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRES maintenance from the first maintenance from the first from the maintenance from the maintenance from the first from th		Samm tagathan u	!		L	200	•	
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR: APPLICATION ANTI-OBESITY DEVICES  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR: APPLICATION ANTI-OBESITY DEVICES  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. S1400 \$300 \$1700 \$09292006  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. S1400 \$300 \$1700 \$09292006  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. S1400 \$300 \$1700 \$09292006  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. S1400 \$300 \$1700 \$09292006  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. S1400 \$300 \$1700 \$09292006  APPLICATION NO. S1400 \$300 \$1700	Complete and send t	Ans form, together w	min applicable i	iee(s), to: <u>Maii</u>	Commissioner for	or Patents		
DISTRUCTIONS. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed appropriate. All Chapter corregate from including the Patent, advance orders and notification of maintenance frees will be mailed to the current correspondence address. The proposed of the control of the current correspondence address or including an environment of the current correspondence address or indication of "Fee Address" ("State Publication of the Capter of Correspondence address or indication of "Fee Address")  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORIES ("Signature of Configuration of the Capter of Cap	SEP 01.	2006 97		on For	Alexandria, Virg	inia 22313-1450		
CURRENT CORRESTONDENCE ADDRESS (Note: Use Block 1 for any change of address)  Oxford 7590  Oxfor		u.l _	smitting the ISSUI			gired). Blocks 1 through 5	should be completed who	
Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional frameworks and assignment or formal drawing papers. Each additional frameworks and assignment of formal drawing papers. Each additional frameworks and assignment of formal drawing papers. Each additional frameworks are supported by the feet of mailing or transmission.  Certificate of Mailing or Transmission  1 hereby certify that this Fee(s) Transmittal is being deposited with the 1 States Fostal Service with sufficient postage for first class mail in an en addressed to the Mail Stop (1881 FEE address above, or being far transmitted for the Mail Stop (1881 FEE address above, or being far transmitted for the USPTO (371) 1273-2883, on the date indicated below.  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFRMATION NO. 10726,011 12/02/2003 Andy H. Levine 3588.1000-001 2628  APPLIN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$3300 \$1700 09/29/2006  EXAMINER ART UNIT CLASS-SUBCLASS  STEWART, ALVIN J 3738 623-023650  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.85.3).  1. Change of correspondence address (or Change of Correspondence address from PTO/SD47; Rev 03-02 or more recent) statched. Use of a Customer PTO/SD47; Rev 03-02 or more recent) statched. Use of a Customer PTO/SD47; Rev 03-02 or more recent) statched. Use of a Customer PTO/SD47; Rev 03-02 or more recent) statched. Use of a Customer PTO/SD47; Rev 03-02 or more recent) statched. Use of a Customer PTO/SD47; Rev 03-02 or more recent) statched. Use of a Customer PTO/SD47; Rev 03-02 or more recent) statched. Use of a Customer PTO/SD47; Rev 03-02 or more recent) statched. Use of a Customer PTO/SD47; Rev 03-02 or more recent) statched. Use of a Customer PTO/SD47; Rev 03-02 or more recent) statched. Use of a Customer PTO/SD47; Rev 03-02 or more recent) statched. Use of a Customer PTO/SD47; Rev 03-02 or more recent) statched. Use of a Customer PTO/SD47; Rev	appropriate. All further correindicated unless confections maintenance fee notifications	especialence including the low or directed otherwise	Patent, advance ord in Block 1, by (a)	lers and notification specifying a new of		•		
Name of correspondence address of indication (or "Fee Address" and indication (or "Fee Address" indication form Number is required.    Assignee Name And Residnee Course of Coursepondence Address indication (or "Fee Address" indication form Number is required.   Assignee Name And Residnee Course of	Fee(s) Transmittal. This certificate cannot be used for any other ac papers. Each additional paper, such as an assignment or formal dr							
HAMILTON, BROOK, SMITH & REYNOLDS, P.C.  530 VIRGINIA ROAD P.O. BOX 9133 CONCORD, MA 01742-9133  CONCORD, MA 01742-9133  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10726,011 12/02/2003 Andy H. Levine 3588.1000-001 2628  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10726,011 12/02/2003 Andy H. Levine 3588.1000-001 2628  TITLE OF INVENTION: ANTI-OBESITY DEVICES  APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(5) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 09/29/2006  EXAMINER ART UNIT CLASS-SUBCLASS  STEWART, ALVIN J 3738 623-03520  T. Change of correspondence address or indication of "Fee Address" (37 CFR 1.503).  Change of correspondence address or indication of "Fee Address" (37 CFR 1.503).  Change of correspondence address or indication form PTO/SB/122) attached.  T'ee Address 'indication (or 'Fee Address' Indication form PTO/SB/122) attached.  T'ee Address' indication (or 'Fee Address' Indication form PTO/SB/122) attached.  T'ee Address' indication (or 'Fee Address' Indication form PTO/SB/122) attached.  T'ee Address' indication (or 'Fee Address' Indication form PTO/SB/122) attached.  T'ee Address' indication (or 'Fee Address' Indication form PTO/SB/122) attached.  T'ee Address' indication (or 'Fee Address' Indication form PTO/SB/122) attached.  T'ee Address' indication (or 'Fee Address' Indication form PTO/SB/122) attached.  T'ee Address' indication (or 'Fee Address' Indication form PTO/SB/122) attached.  T'ee Address' indication (or 'Fee Address' Indication form PTO/SB/122) attached.  T'ee Address' indication form PTO/SB/122 attached.  T'ee Address' i	021005 7599	0 06/29/2006				•	amissio a	
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION N  10/726,011 12/02/2003 Andy H. Levine 3588.1000-001 2628  TITLE OF INVENTION: ANTI-OBESITY DEVICES  APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 09/29/2006  EXAMINER ART UNIT CLASS-SUBCLASS  STEWART, ALVIN J 3738 623-023650  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/12) attached.    The Address in Indication form PTO/SB/12) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fil recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assigneen.  (A) NAME OF ASSIGNEE  Reynolds, P. C. 2 registered patent attorneys or agents of the patent. If an assignee is identified below, the document has been fil recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  Reynolds, P. C. 3 of 3 o	HAMILTON, BROOK, SMITH & REYNOLDS, P.C.  530 VIRGINIA ROAD  P.O. BOX 9133  I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimi transmitted to the USPTO (571) 273-2885, on the date indicated below.							
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION N  10/726,011 12/02/2003 Andy H. Levine 3588.1000-001 2628  TITLE OF INVENTION: ANTI-OBESITY DEVICES  APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 09/29/2006  EXAMINER ART UNIT CLASS-SUBCLASS  STEWART, ALVIN J 3738 623-023650  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  CFR 1.363.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/42) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fil recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X3 Corporation or other private group entity Individual Corporation	CONCORD, MA 01742-9133							
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/726,011 12/02/2003 Andy H. Levine 3588.1000-001 2628  TITLE OF INVENTION: ANTI-OBESITY DEVICES  APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 09/29/2006  EXAMINER ART UNIT CLASS-SUBCLASS  STEWART, ALVIN J 3738 623-023650  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  CFR 1.363).  CFR 1.363).  The Address form PTO/SB/122) attached.  The Address form PTO/SB/122 attache					Mu (gheall (Signature)			
APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE  APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE  nonprovisional NO \$1400 \$300 \$1700 09/29/2006  EXAMINER ART UNIT CLASS-SUBCLASS  STEWART, ALVIN J 3738 623-023650  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  PTO/SB/122 attached.  PTO/SB/17, Rev 03-0.2 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fill recoordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XX Corporation or other private group entity Govern	Т		T		<u> </u>			
APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE  nonprovisional NO \$1400 \$300 \$1700 09/29/2006  EXAMINER ART UNIT CLASS-SUBCLASS  STEWART, ALVIN J 3738 623-023650  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address in Indication form PTO/SB/122) attached.  The Address in Indication form PTO/SB/122 (or agents OR, alternatively, 93/985/2006, 1BFSHAH2 08080028 19726011 registered patent attorneys or agent) and the agency of up to 2 registered patent attorneys or agent, and the agency of up to 2 registered attorneys or agent, and the agency of up to 2 registered attorneys or agent, and the agency of up to 2 registered attorneys or agent, and the agency of	<u> L</u>		F					
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 09/29/2006  EXAMINER ART UNIT CLASS-SUBCLASS  STEWART, ALVIN J 3738 623-023650  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address and the Addr	·			Andy H. Levine		3588.1000-001	2628	
NO   \$1400   \$300   \$1700   09/29/2006		·		•	•			
STEWART, ALVIN J 3738 623-023650  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fil recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X2 Corporation or other private group entity Govern	APPLN. TYPE	SMALL ENTITY	ISSUE FE	E PI	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
STEWART, ALVIN J  3738  623-023650  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fill recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Add Corporation or other private group entity Govern	nonprovisional	NO \$1400		•	\$300	\$1700	09/29/2006	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fill recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):    Change of correspondence address or indication of "Fee Address" (37	EXAMINER		ART UNIT	r C	LASS-SUBCLASS	] .		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fill recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):    (1) the names of up to 3 registered patent attorneys or agents and the patent attorneys or agents and the patent attorneys or agents on the patent	STEWART, ALVIN J		3738		623-023650			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fil recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  GI Dynamics, Inc.  Watertown, Massachusetts  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XX Corporation or other private group entity Government.	CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, or agents OR, alternatively, 09/05/2006 TEFSHAH2 0000028 10726011  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents OR, alternatively, 09/05/2006 TEFSHAH2 0000028 10726011  (2) the name of a single firm (having as a member a registered attorney or agent) and the name of a story or agent or							
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  GI Dynamics, Inc.  Watertown, Massachusetts  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XX Corporation or other private group entity Government of the patent of the	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
GI Dynamics, Inc. Watertown, Massachusetts  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XX Corporation or other private group entity Govern								
Please check the appropriate assignee category or categories (will not be printed on the patent):	(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
A PROPERTY OF A STATE	Please check the appropriate a	assignee category or catego	ories (will not be prin	ited on the patent):	☐ Individual XX C	orporation or other private gr	oup entity Governme	
MAST .		nclosed:		Payment of Fee(s):				
■ X ssue Fee								
■ Payment by credit card. Form PTO-2038 is attached.  ■ Payment by credit card. Form PTO-2038 is attached.  ■ Charge any deficient of Copies 15 ■ Charge any deficient of Copies 25 ■ Charge and Charge and Charge and Charge and Charge and Charge a				XIThe Director is he Deposit Account	ereby authorized by cha	rge the required fee(s), or cre (enclose an ext	ed any deficient ditany overpayment, to ra copy of this form).	
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			e)	_			-	
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other particular or the applicant of the use of								
interest as shown by the records of the United States Patent and Trademark Ultice.	nterest as shown by the recor	ds of the United States Pate	ent and Trademark	ffice.	nan the applicant; a reg	0		
Authorized Signature Date Hugust 39, 2006	Authorized Signature	$\mathcal{A}$	A 1/2~	<u> </u>	Date		2006	
Typed or printed name Sumedha A. Bahri, Esq. Registration No. 57,427	·· · —			<del></del>				
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proan application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to conthis form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	Alexanona, virginia 22313-14	430.						